N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

tement of	Coun	PLACE OF DEATH 9777 S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
d. Exact sta	Villag	ge or City Hagustown (No. 63 ) Kes 2 FULL NAME Humaned Child of	Karde And Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
-		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly class	3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEDURG!	16 DATE OF DEATH 27, 1913 (Month) (Day) (Year)
certificate	6 DA	TE OF BIRTH Still for (Day) , 1 (Year)	that I last saw h
back of	7 AG	yrs. mos. ds. OR min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
ons on	par	Trade, profession, or ticular kind of work  General nature of Industry	Shuboun
ucti	bus	iness, or establishment in ——————————————————————————————————	(Duretion) yrs. mos. ds.
e instruct	9 BI	RTHPLACE (State or country)	Contributory Secondary
nt. See	S	10 NAME OF Raymand aller	(Signed) Struss ley , M. O.
orta	ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
y importa	PARE	12 MAIDEN NAME Harie Alones	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Is very		13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. Siete, yrs. mos. de.
Should state CA OCCUPATION		(Interment) Coynes Of My KNOWLEDGE	Where was disease contracted, if not at place of death?
CCUP	15	(Address) Ragenton Ald	Place of Burial or REMOVAL DATE OF BURIAL
,, 0	File	d 6/28, 1915 Herry Laury	Hatkins Minnel Hay Mil
		If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated heat-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, rent) affection need not be stated unless important. to determine definitely. Examples: Aecidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valudar heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Coma," The nature of the injury, as fracture of skull "Convulsions," "Dropsy," carbolic acid-probably "Dehility" ("Con-"Atrophy," Never report mere "Exhaustion,"



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#### RECORD PERMANENT INK UNFADING PLAINLY

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STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No. -Ward) a hospital or institution, give its NAME Instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED TOO (Write the word) (Month) (Day I HEREBY CERTIFY, That I 17 attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE It LESS than that death occurred on the date stated above, 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory Secondary BIRTHPLACE certifical (State or country) 10 NAME OF FATHER 50 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the ot death ...... yrs. ..... mos. State Where was disease contracted, It not at place of death?. Former or usuai residence. mportant. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAK ADDRESS REGISTRAR

Ilt death occurred in

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cau-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Wcakness," ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

BINDING

FOR

RESERVED

MARGIN

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S.—Every item of information should be carefully supplied. AGE should be should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate	14 TI	HEAE
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County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2012
Village or City Hagerstown (No. 113, 6, 2)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLDROR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH 6 Z8, 1915 (Month) (Day) (Year)
Marke WWW (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw here alive by from 20,1915,
7 AGE   If LESS than 1 day, hrs. 2   or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Byfation) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER Harry L. Board  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF AN LOTH PLANED.	(Signed)  (Signed)  (State the Direase Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  ANY L. Bland	OR RECENT RESIDENTS)  Al place In the of death
(Address) 1/3. Q. Lee St.  18 Filed 6/21 At, 1915 Heavy Lavis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Rois Hell Cross 20 UNDERTAKER  ADDRESS  S36, Wash Sh
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Form laborer, Loborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grocery; (o) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, heud-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which on Nomenclature of the American Medical Association.) Struck by railway train-arcident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Heanorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial cause. Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL, important.



202

state Very PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. Exact stated classified. pe AGE should properly class INK supplied. may be UNFADING certificate. that 20 0 pe back terms, should 0 plain Instructions information C DEATH WRITE See 0 Item 9 mportant. Ш Every

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE

15

OF MOTHER

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilt death occurred in St.;....Ward) a hospital or Institution, give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH \_\_ alive on \_\_\_\_\_ Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day ......hrs. CAUSE OF DEATH\* was as follows: OR .....min. ? mos.....ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENCE FOR ME	DSPITALS, INS	TITUTIONS	TRANSIEN	TS
At place	in the			
ot death yrs mos ds.	State	yrs,	mos.	d
Where was disease contracted.				-
if not at place of death?		00 10mmaaa,		
Former or				

usual residence

RLACE OF BURIAL OR DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) <sup>3</sup>Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can "Contributory." injury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



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#### RECORD PERMANENT UNFADING Instructions mportant.

3 SEX

TAGE

ARENTS

15

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

(b) General nature of Industry,

business, or establishment in

which employed (or employar) .....

1 PLACE OF DEATH





#### STATE OF MARYLAND CERTIFICATE OF DEATH

(Month)

Registration Dist. No.

St.;Ward)	[If death occurred i a hospital or Institution give its NAME instea
	of advant and auchem 7

(Dav

(Year)

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, a

MY KNOWLEDGE

1 day ..... hrs. The CAUSE OF DEATH\* OR ..... min. ?

Contributory

Secondary

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIENT
At place of death yrs. mos. 24 ds.	in the Syrs mos d

Where was disease contracted, If not at place of death?

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



Village or City Layeestone (No. Wash  2 FULL NAME Sheedose Box	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male The Words (Write the word)	16 DATE OF DEATH  29 , 191 5  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
May 22, 1849  (Month) (Day (Year)	that I last saw her alive on 1 29 , 1915
TAGE    If LESS than   1 day,hrs.   ORmin. ?	and that desth occurred on the date stated above, at 10:209 m. The CAUSE OF DEATH* was as follows:  Delivering Delivering Anihal Implicitly
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Assured Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) (Supering State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the of death yrs, mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?
Filed 6/29 1915 Herry Devices REGISTRAR	20 UNDERTAKER  ADDRESS  ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Bulto., Rednesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None, been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report



RECORD

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

N. B.

County Mashington Village or City Clear Spring (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acade Office Off	(Month) (Day (Year)  I hereby Certify That I attended deceased from July 1915, to that I last saw has allow on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and that death occurred on the date stated above, at 1915, and 1915, an
(Intermant)  (Address)	where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  TRANS  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ClearS/trang  rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucasis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 de.; nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all discases resulting from (Recommendations on statement of For Vio-



County Machington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2
Village or City Hagy Shown (No. 0/792  2FULL NAME Auna a, 13	St.; 3 Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from  191.J.
(Month) (Day (Year)	that I last saw h la alive on de 6 191 5
7 AGE  65 yrs mos // ds. lf LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or fouse the her own home (b) General nature of industry.	apolepy
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Country)  State or country)	Contributory Cas dial Elans Constituted Contributory Cas dial Elans Contributory Secondary
10 NAME OF Halism Brown	(Signed) (Duration) yrs mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Ovama Course  13 BIRTHPLACE OF MOTHER (State or country) Franklin Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents)  At place In the ot death yrs, mos ds. State yrs, mos ds
(Informant) Thompse Of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Hay shown Mo	Green Cas le Pa, James 1916  29 UNDERTAKER  A COLOMAN AGENTINA
If more blanks are needed address State Regis	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. It death occurred in Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Dung OR DIVORCED (Month) certificate. 17 HEREBY CERTIFY. That I attended deceased from . 191 --- to (Month) (Day) 7 AGE if LESS than 10 and that death occurred on the date stated above, at 1 day,4 hrs. back The CAUSE OF DEATH \* was as follows: OR 30 mla. ? ..... mos..... no OCCUPATION (a) Trade, profession, or ons particular kind of work (b) General nature of Industry instructi business, or establishment in (Duration) which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) plair See i (Buration) 10 NAME OF important. 11 BIRTHPLACE (Address) RENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME Ad OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, very OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER w (State or country) State, .....yrs. ....mes. .. ......yrs. ......mos. ......ds. Where was disease contracted, should state CA If not at place of death? Former or Every item usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS  $\mathbf{\omega}$ REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. husiness, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Loborer of the second statement. Never return "Laborer," mill; (a) Salesman, (b) ( rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager." "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -('out mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Architect, Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may he stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. The contributory (secondary or intercurcough; Chronic vulvulor heart disease; Chronic interstitiui ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of . . . . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenpenal septichaemia, State cause for which Never report mere (Recommendations ACCIDENTAL, important. wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, v.S.

No.

80

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Washington 9785	CERTIFICATE OF DEATH
Village or City Hyllfield (No	Registration Dist. No.  [It death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME / VOCA V	varouvi.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OR OLVERGED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	fine 7 H , 1915 , to June 25 , 1913 , that I last saw h wire alive on June 25', 1915
7 AGE  1 LESS than 1 day,hrs. ORmio.?	and that death occurred on the date stated above, at 2 Cm, The CAUSE OF DEATH* was as follows:  Austria Cause 9
(a) Trade, protession, er particular kind of work  (b) General nature of Industry.	Lumestage - Coentier
business, or establishmen1 ia which employed (or empleyer)	(Duration) yrs. mos 7 765.
State or country) Balf Md	Gentributory 2. 2 Ces Construction (Secondary)  M. M. R. R. (Buration) yrs mos 7 fors.
10 NAME OF WE Chapchase	(Signed) Meny Branco M. O.
11 BIRTHPLACE OF FATHER  State or country  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Framus B Lewis  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Ball Ma.	At place in the of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
Informant) Be Superare	If not at place of death?  Former or  usual residence
(Address) Bast MA	19 PLACE OF BURIAL DATE OF BURIAL
Filed free 15, 1915 Ches Beck Und	20 UNDERTAKER ADDRESS Wayneshin Pa
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septicharture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... -Kart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples: For vio-



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	<ul> <li>Every item of information should be carefully supplied. AGE should be stated EXACTLY. Pr should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s OCCUPATION is very important. See instructions on back of certificate.</li> </ul>	
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	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Preshould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state CCUPATION is very important. See instructions on back of certificate.	

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hagerstown (No. Wa 2 FULL NAME Hary Collife	St.; Ward)  [It death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Widowed or Divorces (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   1 HEREBY CERTIFY, That Lattended deceased from
DATE OF BIRTH	Jame 9 1915, to June 20 ,1915.
(Month) (Day) (Year)	that I last saw her alive on June 20 1915.
7 AGE It LESS than	and that death occurred on the date stated above, at 1135 74-
28 yrs 8 mes / 2 or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Chronie Parenchymotous
(b) General nature of industry business, or establishment in which employed (or employer)	(Ourstion) Z yre mos ds,
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER M. L. Gorg	(Signed) All Colors M. O.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  THE PLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  THE PLACE OF FATHER (State or country)  THE PLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER THE PLACE OF MOTHER OTHER OF MOTHER OTHER OTHE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
T 12 MAIDEN NAME OF MOTHER CAMPAGE & FHIA	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
(Informant) W. Z. Craig	If not at place of death?
(Address) Scottand Pa	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled 6/21-, 1915 Henry Davis	20 UNDERTAKER Winnish Tag Md
If more blanks are needed address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesmon, (b) Grosery; (a) Foremon, (b) Autowrite None. state occupation at beginning of illness. precise specification as Day laborer, Form laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, c. g., Former or Planter, Physiapplies to each and every person, irrespective of age. is provided for the latter statement; it should be used know (o) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, At home. Care should be Never return If retired from "Laborer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Paisoned by carbolic acid-probably Struck by railway train-occident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," birth or miscarriage as "Puenpenal septicharmia, ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcama, etc., of . . . . . cause. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc. State cause for which "Dropst," Never report mere "Exhaustion,



	Village or City Defendation (No. 426, Sa	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a beauthle or lead with the course of the country of the		
	2 FULL NAME Daniel M. C	a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORGE AND CONTROL OF THE WORLD ON DIVORGE AND CONTROL OF THE WORLD O	16 DATE OF DEATH Jule 16", 1915.  (Month) (Day) (Year)		
	6 DATE OF BIRTH  (Month)  (Bay)  (Year)	that I last saw h um alive on frame 16 1915,		
	7 AGE   If LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 34. m.  The CAUSE OF DEATH * was as follows:		
	a) Trade, profession, or Stationary Engineer  articular kind of work  b) General nature of industry	Cauce of the stringer		
1	Business, or establishment in which employed (or employer) Sursey Mull.  BIRTHPLACE (State or country)  Md.	Contributory Secondary  (Ours(ion) yrs mos ds		
	10 NAME OF Michael Cramer  11 BIRTHPLACE	(Signad) Chas Po Page M. O.		
	(State or country)  Maiden Name  OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
	13 BIRTHPLACE OF MOTHER (State or country) Lermany.	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death		
	(Informant) May - D - M - Crasses	If not at place of death?		
	15 Filed 6/17 1915 Herry Davis	PLACE OF BURIAL OR REMSONAL DATE OF BURIAL  ROSE Hill Counctery   18.1, 19125  20 UNDERTAKER   ADDRESS		
	REGISTRAR  If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. taken to report specifically the occupations of persons wife, Hausework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Growry; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question of the second statement. business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever If the occupation has been changed At home. Care should be Never return Locomotive engineer, If retired from "Laborer, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH. (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." :(Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropst," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia, cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, ctc. cough; Chronic valualar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-



Cour	1 PLACE OF DEATH 9788 S	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Hageistown (No. 218, E.	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH	16 OATE OF OEATH  (Month)  (Day)  (Year)  17   I HEREBY CERTIFY, That rattended deceased from
3.	Still born (Month) (Day) (Year)	mat Hast saw IT alivo on Steel Bour 191
7 AG		and that death occurred on the date stated above, at
DO par	CCUPATION  1) Trade, profession, or ricular kind of work.  1) General nature of industry siness, or establishment in	Thu Ima
Wh	IRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER DOWN E. Cride	(Sieped) (Outlien) s. mos.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DINEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; Ind (2) whether ACCINENTAL, SUICTUAL OF HOMICIDAL.
PAR	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the
	HE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE  (Informant) L-E. C.	of death yre, mos. ds. Stete, yrs. mos
15	(Address) Jagerstown Wd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL RUSE THE 1915
	ed 6/15, 1915 Hoeury Davis, REGISTRAR	20 UNDERTAKER Winnel Hag Md.
	. If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

ness of various pursuits can be known. The question or given up on account of the DISEASE CAUSING DEATH, write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Campositor, Architect, Locomative engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton Never return If retired from "Laborer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," [Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which birth or misearriage as "Phenperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning, state means of injury and qualify as accidental, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convalsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumania (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonocum, etc., Carcinoma, Sarcoma, etc., of . . . . . "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "Dropst," "Exhaustion, wound of



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7: E. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in asson a hospital or Institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDDWED, Write the word (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ (State or country ds. State Where was disease contracted. MY KNOWLEDGE If not at place of death?. usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If rettred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for sepsis, tetanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) Bronchopncumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT carefully supplied. AGE should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. Every item of information should be c important. B ż

PLACE OF DEATH	9790	
County Was langts		(5)
Village or City Carrette ?	nicl (No	
²FULL NAME	(Still	Birth

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 /

St.;....Ward)

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

Jeedysville/m

1022 1771112			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)		
ODATE OF BIRTH  (Month)  (Day)  (Year)  TAGE (5 mm fouture)  If LESS fhan f day, hrs.	that I last saw halive on		
a) Trade, profession, or particular kind of work  (b) General nature of industry, husing or a safekileknoof in	The CAUSE OF DEATH* was as follows:		
business, or establishment in which amployed (or amployer)  BIRTHPLACE (State or country)  Washin Co Mid	(Duration) yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.		
11 BIRTHPLACE OF FATHER OF FATHER (State or country) 74 a slice Colonial Co	(Signed). A Lessing, M. D.		
12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER O	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). Research M. Deever	of death		
(Address) Weverlin R Fr. 16	Prounsville, Md June 24, 1915.  20 UNDERTAKER ADDRESS		

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Fubiic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (d)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria, (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Tuenperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genltai," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "A" ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras. Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or Intercurrent "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. State cause for Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECIEVED
JULI 1915
BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT cla proper ZX supplied. be UNFADING may certificate. 5 WITH back terms, should CO plain See Instructions 5 DEATH of OF mportant. Every It

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 305, [If death occurred in St.;....Ward) a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 4 COLOROR RACE 16 DATE OF DEATH MARRIED. 191.V. WIDOWED, (Write the word) (Month) (Day (Year) CERTIFY, First I attended decodsed from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. ....min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ...... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

FATHER

PARENTS

1 PLACE OF DEATH

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE JE TRU

15

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

OR RECENT RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIENT
OR RECENT RESIDENTS)	/ I I I I I I I I I I I I I I I I I I I
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of death yrs mos us	. State yrs, mos d
Where was disease contracted	
If not at place of death?	220000000000000000000000000000000000000
Former or	

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PLACE OF BURIAL	OR REMOVAL
mento tomore	Contract

DATE OF BURIA 20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Aecidental drowning; Struck by railway train-aeci such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medlcal Association.) "Contributory." lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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#### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. ...Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country

\*State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

At place				In the			
of death	yrs	. mos	ds.	State	yrs.	mos.	d
Where was di	sease contra						Ĭ

If not at place of death?

Former or usual residence

	PLACE	OF BU	RIAL OF	REMOV	AL
	11	1 1	7	0	1
	May	Roll	rugg	Cem	e cerus
de	UNDER	TAKE	OF		10

DATE OF BURIAL

lit death occurred la

(Year)

a hospital or institution. give its NAME lostead ot street and number. I

attended deceased from

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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the Disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuccess of hungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS STATE MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Contributory." by earbolic acid-probabty suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion," \*Of



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[Approved by U. S. Census and American Public Health Association.]

cated thus: causing dearn, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman,"

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Inmor" for maligture of the American Medical Association.) Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease cansing death), 29 ds.; For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 306 [if death occurred in -Ward) a hospital or institution, give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, WILDOWS ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 13-(Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS ANSTITUTIONS, TRANSIENTA. 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. OWLEDGE usual residence. LACE OF BURIAL OR BEMOVAL 15 40 UNDERTAKER ADDRESS REGISTRAR If more Vanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL2 1915
BUREAU, V.S.

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N.B. If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF, DEATH

9795

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 309
Willage or City Tunkstown (No. 14	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
- FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX : 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That Vattended deceased from
6 DATE OF BIRTH  Opril 28, 1	Jun 9 1 4 , 1915, to Jun 24 , 1915,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 6. 9m.
yrs. / mos. 28 ds.   1 day, hrs.   or min. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	tubacular
(b) General nature of Industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Respectatory fulluse
10 NAME OF Edwin K. Harp	(Signer) Mayara M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Ettel A. Juhh	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place in the of deathyrsmosds. State,yrsmosds.
(Interment) E	Where was disease contracted,  If not at place of death?  Former or  usual residence
(Address) Tunkertown Vd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2 4, 1915 D Williams	20 UNDERTAKER Water May, Md.

[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cion, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in At home. Care should be Never return "Laborer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations "Heart failure," "Haemorthage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as head-homicide; Poisoned by Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septiehucmia," genital," "Anaemia" (merely symptomatic), "Atrophy," ehopmeumonia (secondary), 10 ds. Never report mero symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," carbolic acid—prabably "Debility" ("Con-"Exhaustion," ACCIDENTAL,



V. S. No. 1.

	my Washington	CERTIFICATE OF DEATH
Cour	nty Crasquist and	Registration Dist. No. 300
	Shalaku d	Fit don't annured in
Villa	ge or City (No.	Mard)  St.; Ward)  A hospital or institution, give its NAME instead
	2 FULL NAME Mary Clinal	Lette Helf of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x Color or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OWNING (Write the word)	16 DATE OF DEATH  (Month)  (Duy)  (Year)
6 DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	Aug 6 1846	
7 AG	(Mont) (Day) (Year)	and that death occurred on the date stated above, at 120 m
	68 10 10 1day, hrs.	The CAUSE OF DEATH * was as follows:
8 .	yrs	Paralysis fram
( a	CCUPATION  1) Trade, protession, or ricular kind of work  Accurate	apaplexy
(b	General nature of Industry	
	siness, or establishment ininterpolation in the control of	(Buration) yrs. mos. di
9 B	(State or country)	Secondary Secondary
	10 NAME OF ) . SAA	(Ouration)yrsmosds
	FATHER William Harris!	(Signed) S. Hunell Grandana, M. (
ENTS	11 BIRTHPLACE OF FATHER OAA A A	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT
Œ	(State or country) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PA	OF MOTHER Olinabeth Mousen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. State,yrsmosdd
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whera was diseese confracted, if not at place of death?
	(Interment) Super as W. Hell	Former or
	(IIII) 1 + MC )(	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Shefihlially 11. Oa	Short stone of med June 27,0, 5
15	ed 6/27/ 1915 Chas II Hoffmaster	20 UNDERTAKER
FII	REGISTRAR	albert Lear Williamshort Mo
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully write None Housemaid, etc. If the occupation has been changed employed, as At school or At hame. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer. of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compasitor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to applies to each and every person, irrespective For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question Women at home, who are engaged in Never return "Laborer," etc., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revalver wound at SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncaugh; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . chopneumoura rent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shoek," "Uracmia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercuretc.), "Puerperal schichaemia, "Dropsy," Never report mere "Exhaustion,"



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1 PLACE OF DEATH

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.; Ward)

If death occurred in a hospital or institution, give its NAME Instead

SINGLE, MARRIED,

WIDOWED OR DIVORCED (Write the word)

(Day

(Year) If LESS than

1 day, hrs. OR min.?

ME	DICAL CERTIF	ICATE OF	DEATH
			0 0
6 DATE OF DEAT	H /66	ue	20 191
1		(Month)	(Day) (Year)
7 / HERE	BY PERTIFY, T	hat I atte	nded deceased from
ver tune	917 191V 1	4	101
/ /	, 191, 1		1016
hat I last saw	n. alive on	jui	u/9" , 1910
nd that death	occurred on the	e date stat	ed above, at/0/0 Pm
		^	
he CAUSE OF	1		
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1/2		/	
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he had	. //	120	
10 - Cita	unac	(Docation)	Lougnosting of
Contributory	Δ		<i>J</i>
Secondary			7
	16,	Duration	mos de
Signed)	1. U	17,6	leod, m.
11.		Na	quistmen Me
Vun(21.		100	/
Causes, state (	Disease Causing  1) Means of Injudicidal.	DEATH, or, it ury; and (2)	deaths from Violent whether Accidental,
B LENGTH OF RE	SIDENCE (FOR H	OSPITALS, IN	STITUTIONS, TRANSIENTS
OR RECENT RES		n <sub>na</sub>	
At place of death	moe de	In the	yrsd
Where was disease con		oraro, .	
if not at place of deal	th ?		
Former or			
usual residence			
9 PLACE OF BUF	HAL OR REMOVA	AL I	DATE OF BURIAL
Place of BUF	LILL OR REMOVA	\ <b>L</b>	4 23 1915
PLACE OF BUF PONCE TO OUNDERTAKER	LLU REMOVA		6/24 1-

If more blanks are needed, address State Registrar, R. W. Saratoga St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons of the second statement. especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of cause. on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," surgical operation was undertaken. For violent deaths birth or misearriage as "Phenpenal septichaemia, etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Annenia" (merely symptomatic), "Atropuy,
"Convenies" "Convenies" "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless important. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Dropst," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

County War Junto humo.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3 0 9  St.: Ward)  [If death occurred in a hospital or institution,
2 FULL NAME Edith & He	give IIs NAME Inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17   HEREMY CERTIFY, That I attended deceased from
TAGE  DATE OF BIRTH  (Month) (Day (Year)  (Year)	that I last saw h Malive on June 8, 1916?  and that death occurred on the date stated above, at 7 a-m,
/ 1 day,hrs.	The CAUSE OF DEATH* was as follows:
** OCCUPATION (a) Trade, profession, or particular kind of work	Hent Tadyestin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	Secondary  (Duration) yrs mos 3 ds
o The Place Ramon Plusy	(Signed) f. J. Muyers, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Mailen NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER May Jayan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
(Interment) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place ot death? Former or Usual residence
(Address) FAMILES LANDY MISO	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St./ Baito., Requesting V. S. No.

V. S. No. 1.

16

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



1 PLACE OF DEATH

0,40	PLACE OF DEATH	STATE OF MARYLAND
D T	county Washington	CERTIFICATE OF DEATH
D m	County	Registration Dist. No. 3
1YS	milli 1.h	
P. t. s.	Village Williamsport (No, 6	Murch St.; Ward) [tf death occurred in a hospitat or institution,
× × A	Mary Ocarette	give its NAME instead of street and number.
CTLY 1. Ex	2 FULL NAME I Lang glanelle	Mensy of street and number.]
Tied Tied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D SS E	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
ole .	Temple White ORDIVORCED	(Month) (Day) (Year)
erly ate		I HEREBY CERTIFY, That I attended deceased from
d b	DATE OF BIRTH	June 16" , 1910, to June 18, 1918;
oe p	(Month) $(Day)$ $(Year)$	that I last saw her alive on Jecus 18, 1916,
sy b	7 AGE If LESS than	and that death occurred on the date stated above, at//_C, m.
AGE ack	yrs, / Omos, 6 ds. OR min.?	The CAUSE OF DEATH # was as follows:
d. n	10,	allwaping Leangh
th th	8 OCCUPATION (a) Trade, profession, or \text{particular kind of work}	
upp so	(b) General nature of Industry	
fully s terms struct	Ubusiness, or establishment in which employed (or employer)	(Ourstoon) yre mos 4 us.
te	9 BIRTHPLACE (State or country)	Secondary Secondary
lain ee	Maryland	A D D D D D D D D D D D D D D D D D D D
Se	10 NAME OF P LID	(Signed) lottialiardore M.O.
T TE	11 BIRTHPLACE	Jame Q 191 5 (Address Williaucesborts
AT	Z OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whother Accidental,
ion shou F DEAT importa	C 12 MAIOEN NAME	Suicidal or Hosicidal.
	a daisy almer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
SE O	13 BIRTHPLACE OF MOTHER (State or country)	At-place In the
A Is	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
0 o	Ol P Vo all	if not at placs of death?
sta AT	(Informant) James d. Privag	usuel residence
250	(Address) Williams front Md	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Every item of in should state CA OCCUPATION	15 A P D . / /	Williamsfrot Md June 20 191 5
- 0,0	Flee June 201915-C. C. Noickerd	20 UNDERTAKER
m	Les Cal Registrar	West deg-Irrillamajust Md
-	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Fequesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work-and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever Stotionary froman, etc. The material worked on may form part Women at home, who are engaged in Never return "Laborer," But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tubereulosis of lungs, menin-

mus," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or misearriage as "Puerperal septichuemia," "Puerperal peritonilis," etc. State cause for which etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning. "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvulur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Careinoma, Sarcomo, etc., of ..... rent) affection need not be stated unless important. nephritis, etc. (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report merc "Exhaustion," ACCIDENTAL



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

county Washington (8)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Mags solown (No	Ward)  [it death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCEMENTAL Write the word	16 DATE OF DEATH — 29 (Month) (Day) (Year
Date of BIRTH Mar. 21" 1855	17 I HEREBY CERTIFY, That I attended deceased from 6/26, 1915, to 6/29, 1915
7 AGE (Month) (Day) (Year) 1 day, hrs. 0 yrs. 3 mos. 5 ds. 0 min.?	and that death occurred on the date stated above, at 2?,  The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which einployed (or employer)  9 BIRTHPLACE (State or country)	Contributory Waevia - (Pephritio) Secondary  (Buration) yre. mos.
11 BIRTHPLACE OF FATHER  (State optountry)  12 MAIDEN NAME OF MOTHER  OTHER  OF MOTHER  OTHER  OF MOTHER  OTHER  OTH	(Signed)  **State the DISPASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Many land,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos.
(Informant) 10 10 10 10 10 10 10 10 10 10 10 10 10	If not at place of death?  Former or  usual residence
Filed 7-2, 191 & Henry Davis REGISTRAR	POPE Hell O EULETRY 2 1915  20 UNDERTAKER ON DAY ENDOW
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part applies to each and every person, irrespective of age. ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Plonter, Physition is very important, so that the relative healthfulwrite None. business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement, of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, Stotionary fireman, etc. At home. Care should be But in If retired from many\_cuses, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—in a ffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-nuqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tctanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deatus ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head—homicide; Poisoned state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meostes; Whooping Struck by railway troin—occident; Revolver wound of "Anuemia" chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Publichaemia, "Coma," The nature of the injury, as fracture of skull (merely symptomatic), The contributory (secondary or intercur-"Convulsions," by "Uracmia," "Weakness corbolic acid-probably State cause for which "Debility" ("Con-Never report mere "Atrophy,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupant of confidence of confidenc WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

Tonnatory 1/2 le bolt	FICATE OF DEATH Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CE	ERMIFICATE OF DEATH
MARRIED, WIDOWED MATTER.  Male Whate of Death  Widowed Date of Death  Widowed Date of Death  Write the word)  Write the word)	(Month) (Day) (Year)  FY, That I attended deceased from
6 DATE OF BIRTH	J. hu 13 7
Sure 14" 1885	11111 13 1
(Month) (Day) that I last saw h ali	ve on, 191V
and that death occurred of the cause of the	on the date stated above, at 3.207m.
(a) Trade, profession, or R. R. Engineer Cun my by	ray "500 333
(b) General nature of industry business, or establishment in // // which employed (or employer)	(Ouration) yrs. 3 haus ds.
9 BIRTHPLACE (State or country) Maryland. Contributory Secondary	Plating) we may tide
10 NAME OF Shu Higgins (Signed)	Scott - M.O.
Z OF FAIMER (State or country) . State the DISEASE CAUSES, state (1) MEANS	using Drath, or, in deaths from Violent of Injury; and (2) whether Accidental,
of MOTHER	FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER  (State or country)  OR RECENT RESIDENTS)  At place of death	Vis. Win the le wos. ds.
Where was disease contracted,	
(Informant) The Best of My KNOWLEDGE If not at place of death?	nberland Md.
(Address) Muly flauss, Mill Combeda	DATE OF STORMENTS
Fled 6/13-1915 Herry Savis 20 UNDERTAKER	ADDRESS
REGISTRAR (MOUTENY)	ON HAGERSTOWN



[Approved by U. S. Census and American Public Health
Association.]

write None. state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestie service for wages, as Servant, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully business, that faet may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekuepers precise specification as Day laborer. Farm loborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Growery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon engineer, Stationary fremun, etc. But in many cases, mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return Locomotive engineer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinol fever (the only definite synonym is "Epidemic cerebrospinal-meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmennonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) suicide. Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by corbolic acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perdonidis," etc. State cause for which birth or misearriage as "Puerpenal septicharmia," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report more "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of . . . . . . (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or interent-"Dropsy," "Exhaustion,"





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. The contributory Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



S. No. 1.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT RECORD UNFADING INK-THIS IS of information should be carefully supplied. See Instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND

County & allungton	CERTIFICATE OF DEATH
	Registration Dist. No. 303
Village or City Meas Califore (No. 2 FULL NAME Musane of Color	St.; Ward)  [If death eccorred to a hospital or institution, give its NAME lostead of street and cumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIOWED, ORDIVERCEO (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17)   HEREBY CERTIFY, That I attended deceased from
e DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on ,191
7 AGE Slill Byrn If LESS that 1 day, hr	The CAUSE OF DEATH * Was as follows:
OCCUPATION  (a) Frade, protession, or particular kind of work	Rusium Carse State
business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER STAME S. HOTELS  11 BIRTHPLACE OF FATHER (State or country) Mareyland  12 MAIDEN NAME	(Signed) (Si
of Mother Gentrude Gehr  13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
Interment Wreiss	Where was disease contracted, It oot at placa of death?  Former or usual residence
Address & Spring Mill	at House Private pare of Burial

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary); may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second It should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of .... ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



state



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallginjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Washington	Registered No. 3.07
Village or City Robrersully, No.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME OULLUM	Jeffarrer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH SUSPENSE (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191 , to , 191 , ,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE It LESS than	and that death occurred on the date stated above, atm,
The state of the s	The CAUSE OF DEATH * was as follows:
© OCCUPATION	That I dilivered the macerated
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in	(Duration) yrs. mos. ds.
which employed (or employer)	
State or country) Rohmonthe	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Charles Drey Lauver	(Signed) CDBakes, MD.
O 11 BIRTHPLACE	June 2/, 191 5 (Address)
OF FATHER (State or country) Wash Co md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Robinsville, md	or Recent Residents) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant) C. D. Baker M.D.	Former or usual residence
(Address) Robrinsirle, Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Kudysville. Ma June 2/1913
Filed and 2/191 5 C. D. Bafter M. D. Local REGISTRAR	C. L. Suman & Co Keedy sille
If more blanks are needed, address State Registrar, 6	



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing death—Name, first, the death respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state . CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Mash,  Village or City Assuration (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202  St.: 2 Ward)  St.: 2 Ward)  A populat or institution
²FULL NAME	Acdused a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hull Single, Married, Widower, Widower, Orbivorced (Write the work)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
7 AGE   Month   Day   (Year)   Tage	that I last saw h was all lowers:  1915 to June 2, 1915  that I last saw h was all lower at 2, 1915  The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) Generat nature of indusfry, business, or establishment in which employed (or employer)  **BIRTHPLACE* (State or country)  **Page 1.5.**  **Page 1.5.*	Contributory Prince bulls at 5 mgs Secondary
10 NAME OF FATHER Richard Ridurely  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) School (Buration) yrs mos ds.  (Signed) School (Buration) yrs mos ds.  (Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Lindan la  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Richard Hidwell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace to the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, the otal piace of death? Former or usual residence.
(Address) / Laurel St. Gaglest  15 Filed 6-2-, 1915-Henry Stories  REGISTRAR  If more blanks are needed, address State Regist	PAGE OF BURIAL OR REMOVAL  Hagerstown, Mul  20 UNDERTAKER Father  Richard Kidwell Hagerstown, Mud  page 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional llue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless Important. mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Conua," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of



V. S. No.

		state very
	RECORD	PHYSICIANS Mould of OCCUPATION IS
	INK-THIS IS A PERMANENT	dd. AGE should be stated EXACTLY.
I.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate.
V. D. NO. I.		N. B.

County Washington (5)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Lagerston (No. 197), S  2FULL NAME Lufa	St.; 3 Ward)  [If death occurred in a hospital or institution, give its NAME tastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuile 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIDOWED, ORDINDRCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h
yrs mos ds OR3 Chin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Quematine with  (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Manyland	Secondary (Duration) vrs. mos. ds.
On 11 BIRTHPLACE LAND	(Signed) Mary S. Laughlin, N. O. Love 9, 1915 (Address) Lagustow
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  A  A  A  A  A  A  A  A  A  A  A  A  A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Canall & Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS; OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds
(Informati) Lang Long	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 17 Social Sh	Poar Hill Center DATE OF BURIAL  20 UNDERTAKER.  ADDRESS
Flied ,191 A PEGISTRAR	Comusa Bros 33 6 Whish Sh

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulessis of tungs, meninges, peritonacum, etc., Carcin-

dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," ehildbirth or misearrlage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. Exture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetunus) may be stated under the head Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," ete. State eause for "Exhaustlon,"



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מאאמווא שבטבת עבט דיסה שואטואפ	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.
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	PLAGE OF DEATH  JOHN  JUNE Mashington  Glage or City Mar hullstree (No. 22)  2FULL NAME LONG MCC	STATE OF M CERTIFICATE Registration St.; Wa	OF DEATH Dist. No. 3/4
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO, ORDIVORCEO ORDIVORCEO (Write the word)	11 () - 2/6	(Day), (Year) t I attended deceased from w 2/57, 1910
	(Month) (Day) (Year)	that I last saw h . alive on	ne 21 5 1915
(a) par	yrs, mos. ds. OR min. ?  CCUPATION Trade, profession, or ticular kind of work	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Duration)	yrsmosds.
9 BI	RTHPLACE ate or country) Washe Co Und	(Secondary) (Secondary) (Secondary) (Lucar Luca ust close de (Duration)	valne un
	10 NAME OF John Mi Comuch	(Signed) M. A. Supp	uglou , M. D.
ENTS	OF FATHER (State or country) Wash Co Ind	*State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL.	r, in deaths from VIOLENT
ARI	12 MAIDEN NAME Jeslie Precipull		
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)  At place in the of death	
	(Intermant)	Where was disease contracted, it not at place of death? Former or usual residence.	
15	(Address) mills love hyd,	19 PLACE OF BURIAL OR REMOVAL  Dunkard Ohurch	DATE OF BURIAL
	ed June 22 11 1913 - 2. Dr. Fischer	20 UNDERTAKER	ADDRESS
	// REGISTRAR	( Allen Thankson	000

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise spectstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipis (Carcinoscipis); Carcinoscipis (Carcinoscipis); Lobar pneumonia, propositionaeum, etc.. Carcinoscipis (Carcinoscipis); Lobar pneumonia (Carcinoscipis

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," "Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "PUERPERAL scptichae-... (name origin; "Can "Exhaustion," Never report Examples:



V. S. No. 1.

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Village or City Dayon (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 / 0  St.; Ward)  St.; Ward)  Lift death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 SINGLE, MARRIED, WIDOWEO OR DIVORCED (Write the word) Maused  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  (Month) (Day) If LESS than 1 day, hrs. OR min.?	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (Month) (Day) (Year)  18 DATE OF DEATH & Was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry: business, or establishment in which employed (or employer)	Cerelial Lemonhage  (Durstlon) yrs. mos. ds.  Contributory
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Font No  12 MAIDEN NAME	(Signed) (Quration) yrs. mos. ds.  (Signed) (Signed) (Address) Address (Address) Address (Address) (Addres
of Mother don't The  13 BIRTHPLACE OF MOTHER (State or country) Aout Suo  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant) Natus M. Sowan  1/211 The Above State of My Knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place in the of death yrs. mos. ds. Stele, yrs. mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.
15 Sold DE LETTER DOOR SE CLERKY	Janples manor July 2, 1915

If more blanks are goded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Loborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed mobile factory. The material worked on may form part cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mill; (a) Salesman, (b) (.rorery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever Never return If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, nenin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably-such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia;","Weakness," "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Brownephritis, etc. cough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Auropus, The contributory (secondary or intercur-"Puerperal septichiemia," "Dropsy," "Atrophy," "Exhaustion," ("Con-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Itt death occurred in a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Quice H 3 SEX 4 COLOR OR RACE MARRIED, Widou ORDIVORCED (Write the word) (Month) . (Day (Year) I HEREBY CERTIFY, That I attended deceased from that I last saw h 41 alive on (Month) (Dav (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? want BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) \_\_\_\_\_yrs\_\_\_\_ which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_ \_ ds. Where was disease contracted. EST OF MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home, Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or judustry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the pisease causing death—Name, first, the pisease causing death—Name, first, the pisease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopnoumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Never report



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STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... I'it death occurred is Ward) a hospital or institution. give its NAME instead ot street and comber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h. the alive on ...... (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) \_ \_mos.....ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 191 5 (Address) VLanto OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ yrs. mos. ds. Where was disease contracted. if not at place of death?. usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

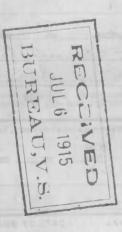


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) gainfully employed, as At school or At home. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) .Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. genital," lnjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Contributory." Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



Village OF CITY Wilsons (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 3  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, Married, Wisowes, or pivonced (IV-tile the word)	18 DATE OF DEATH June 4 , 1915  (Month) (Day (Year)  17 I hereby Certify, That I attended deceased from
G DATE OF BIRTH  (Month) (Day (Year)	that I last saw here alive on apr 15, 1915
7 AGE 9 yrs mos 28 ds. or min.?	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or formula form	Ward Frie
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
(State or country) Md Wash lo	Secondary (Duration) yrs mos ds.
10 NAME OF BOWN Miller	(Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  M  M  M  M  M  M  M  M  M  M  M  M  M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) All place  In the
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds Where was disease contracted,
(Informant) Dama may milly	if not at place of death?  Former or usual residence.  19 PLA9E, OF BURIAL OR REMOVAL DATE OF BURIAL
Filed June 4, 191 Perroy m fockler	St Pauls Just 6. 191 to.  20 UNGERTAKES  APPROSS  APPROSS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise spectstatement. additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal soptichaccause. Always qualify all diseases resulting from ipus," "Old Age," "Shoek," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant peoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUTCIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of



	Item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAT	/
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1 PLACE OF DEATH STATE OF MARYLAND Registration Dist. N It death occurred in a hospital or institution. give Its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Dayhave (Month) (Year) Write the word) I HEREBY CERTIFY, That I Thered deceased from DATE OF BIRTH (Month) (Year) (Day TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER in the ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ (State or country) \_ ds. State Where was disease contracted, MY KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid poeumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)



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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Furm luborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. The material worked on may form part Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Ey emic cerebrospinal meningitis"); Diphtheria (avoid us of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, Bronchopneumonia of tungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning: "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inunition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid-probably Never report mere wound of



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH 9814	STATE OF MARYLAND
Co	unty Washingtone	CERTIFICATE OF DEATH
		Registration Dist. No.
VIII	2FULL NAME Nelson Ros	[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	(Month) (Day (Year)  WEREBY CERTIFY, That I attended deceased from
6 D/	(Month) (Day (Year)	that I last ssw ham slive on Jame 24, 1915
7 A C		and that desth occurred on the date stated above, at 7,30 m, The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or tlcular kind of work.  General nature of Indostry,	Lever hemosslige
bus	ness, or establishment in the supplyed (or employed (or employer)	(Duration) yrs mos y ds.
	RTHPLACE (State or country) May wied,	Secondary  **Duration** Second
S	10 NAME OF FATHER Richard Ross 11 BIRTHPLACE	(Signed) P. Langlelin, M. D.
PARENTS	OF FATHER (State or country) (State or country) (12 MAIDEN NAME )	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
P/	13 BIRTHPLACE OF MOTHER (State or country)  13 Record  OF	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place  At place
4 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos ds State yrs, mos ds Where was disease contracted,
(	Interment Mrs. Helson Ross	Former or usual residence 1/2 1. Danathan St. Hagerstain
	(Address) layer about md	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 File	06/26- 1915 Henry Dais	20 UNDERTAKER MIL ADDRESS
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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#### OCCUPATION PHYSICIANS RECORD PERMANENT assified. pe may terms, r plai Instruction 2 DEATH WRITE 50 9 Item Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Iff death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S-SINGIF 16 DATE OF DEATH MARRIED. WIDOWED; (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 2,, 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) O yrs. 6 mos. 4 ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_ yrs. Where was disease contracted THE ABOVE IS TRUE TO KHOWLEDGE If not at place of death2. Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20,UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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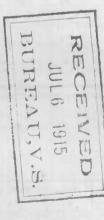


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report



V. S. No. 1.

County Hashington 9816	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Haglislow (No. 370, H. 2 FULL NAME His. Sina Ire	Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White   5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH  Month (Day)  (Wear)	that I last saw her alive on May 10 1, 1915,
TAGE  5-6 yrs. 8 mos. 6 or min.?	and that death occurred on the date stated above, at 250 m.  The CAUSE OF DEATH * was as follows:  Mitral Heart Drie
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Buration) 3 yro. — mos. — ds.  Contributory Feet Description Secondary  (Ouration) 775 mos. — ds.
10 NAME OF FATHER OF ACTION OF STATHER (State or country)  12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT	(Signod)  (Signod)  (Signod)  (Signod)  (Signod)  (Signod)  (Mans)  (Address)  (Address)
of MOTHER Support  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABDVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. Stote, yrs. mos. ds. Where was disease contracted, if not at place of death?
(Informant) Ger Jaum (Address) Hogerstonn Wd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  19 15
Filed 7, 191 REGISTRAR  If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health - Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Groscry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupacompositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many For persons who have no occupation whatever, If the occupation has been changed Never return But in many cases, cte., without more If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Crebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," under the head of "Contributory." SWICINAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marusmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Conlabse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; Example: Meusles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Dropst," The contributory (secondary or intercurcarbolic acid probably State cause for which Never report mere (Recommendations "Exhaustion, to punow



		PHYSICIANS	ct statement of	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	OCCIDATION is your important. See instructions on back of contificate
V. S. No. 1.		N. BEve	sho	00

Village or City Hageistown (No. 19, W.)  2 FULL NAME Edwin Honroe	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2  If death occurred in a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Miooweo OR OIVORCEO OR DATE OF BIRTH  A COLOR OR RACE SINGLE, MARRIED, WIOOWEO OR OIVORCEO (Write the word)  (World the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That, attended deceased from 4, 1915, to fave 4, 1915, that I last saw h
7 AGE   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at / Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry business, or establishment in which employed (or employer)	(Buration) yrs. mos / 8 ds.
OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Burstion) yrs. mos. 2 ds. (Signed) (Address) (Burstion) yrs. mos. 2 ds. (Signed) (Burstion) yrs. mos. 2 ds. (Signed) (Burstion) yrs. mos. 2 ds. (Signed) yrs. mos
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Jagerator M.  (Address) Jagerator M.  Filed 5, 191.5 Plany Davis  REGISTRAR  If more blanks are needed, address State Registrar, 1	19 PLACE OF BURIAL OR REMOVAL  PARE WILL  20 UNDERTAKER  Wathurs  ADDRESS  Wathurs  ADDRESS  ADDRESS  Wathurs  ADDRESS

[Approved by U. S. Canada and American Public Health

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day luborer, Farm luborer, Luborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis") in the properties of the preumonia"; Lobar processional, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

27

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H:emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. cough; Chronic volvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... (name origin; "Cancer" is less definite; avoid use of by railwoy train-accident; Revolver wound The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," "Uracmia," "Weakness," Never report mere "Atrophy," acid-probably ACCIDENTAL,



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Washington (30)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 302
2FULL NAME Mary &.	Shaffer St.; 3 Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Temele White (Write the word)  4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17   I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  SAT. 8 , 1838  (Month) (Day (Year)	that I last saw h in allve on Same 574 1915
7 AGE  3 6  5 7 8  6 8  7 AGE  1 LESS than 1 day, hrs. 0 R min.?	and that death occurred on the date stated above, at \$-400m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Generala Parglysia
9 BIRTHPLACE (State or country) Page leo. Va.	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER Milliam Biyler  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Seescreis ley, M. D.
(State or country)  12 MAIDEN NAME OF MOTHER Mary Market.  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Joseph Woods	Where was disease contracted, if not at place of death?————————————————————————————————————
Filed 6/6-, 191 5	Mosning Star VCe. PATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Registr	S. Kella Gorman Hagres lounded
/ more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and Causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Oid Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"





[Approved by U. S. Ceisus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Collon engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Locomotive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-acrident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association.) state MEANS OF INJURY and qualify as ACCIDENTAL, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning: "PUERPERAL peritonitis," etc. birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Timor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercuras "Puerperal septicharmia," "Dropsy," State cause for which Never "Exhaustion," report mere



N.B.

V.S.

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Harmager	Registration Dist. No. 382
Village or City Haguston (No. 12el	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write the word)  GDATE OF BIRTH  South Mary 1	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from  (Month)  (Nav)  (Year)  (Year)
AGE  (Month) (Day) (Year)  If LESS than 1 day,hrs.  ORmln.?	and that death occurred on the date stated above, at 2 fm.  The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of Industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or eountry)	Contributory Exhausting hie to lieuwe Secondary and the contribution of the contributory of the contributo
10 NAME OF FATHER Y. Surry  11 BIRTH PLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR; RECENT RESIDENTS) At place of death
(Informant) Little String Savis  Filed 123-, 1915 Herry Davis	if not et piecs of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS
REGISTRAR  If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm labarer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or wife, Housewark, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers only when needed. mobile factory. mill; (a) Salusman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary froman, etc. But in many cases, cian, Compositor, Architect, Locomative engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Caul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Collan At hame. Care should be Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the priniary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound SUICIDAL, Or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritanitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichuemia," mns," "Old, Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), lapse," "Coma," "Convulsions," symptoms or terminal conditions, such as "Asthenia, cough, Chronic valvular heart disease; Chronic interstitial chopneumonia (secondary), 10 ds. Never repair mere Example: Meosles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or interent-"Dropsj," carbatic acid-probably "Debility" "Atrophy," "Exhaustion, ("Con-



act statement of	Village or Cto Williamsfulso Fre	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 0  [If death occurred in a hospital or institution, give its NAME instead
E	2 FULL NAME I avid & ylves	of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
properly classif rtificate.	S SEX  4 COLOB OR RACE  MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH    12
epi	(Month) (Day) (Year)	that I last saw h Janualive on
it may be back of ce	7 AGE  3 Trs. 7 mos. 4ds. or min.?	and that death occurred on the date stated above, at $SQ$ , m.  The CAUSE OF DEATH * was as follows:
instructions on	(a) Trade, profession, or particular kind of work  (b) Generat nature of Industry Justiness, or establishment in which employed (or employer)  BIRTHPLACE	(Duration) / yrs. mos. — de.  Contributory Caracter Secondary
in plai	10 NAME OF FATHER CACULO Shaw	(Signed) (Quralion) yrs. / mos. ds.
F DEATH important	Y II BIRTHPLACE OF FATHER (State or country)  M II MAIDEN NAME	*State the Disease Crusing Death, or, in deaths from Violent Auses, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
USE O	of MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. Stats,yrsmosds, Where was disease contracted,
state C	(Informant) MA and Law	If not at place of death ?
should state CA	15 Filed June 14191 5 lo C. Bickard Tocal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  WILLIAMS MAN ADDRESS  AUGUS JAN ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Bulto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated head-homicide; Poisoned by curbolic acid-probably mus," suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marascough; Chronic valvular heart disease; Chronic interstitial birth or miscarriage etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-"Annemia" chopneumonia rent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of..... "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from childmia" (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-2000 "Puenperal septichaemia," Never report mere

If this conflicate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 6 1915
BUREAU, V.S.

		state Very
		should stand
2	RECORD	PHYSICIANS of OCCUPA
OR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-TH	Every item of information should be carefully supplied. AGE s CAUSE OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.
MARGIN	INLY, WITH	tion should be of plain terms, so tions on back of
•	WRITE PLA	tem of Informate OF DEATH in rtant. See instruct
V. S. No. 1.		N. B.—Every CAUS

1	PLACE OF DEATH 9826	STATE OF MARYLAND CERTIFICATE OF DEATH
	Treas Olean Shream	Registration Dist. No. 303  St.; Ward) a hespital or inefibition
	*FULL NAME Charles Elm	a hospital or Institution, give its HAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	Heale Heale Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) Day (Year)  17  I hEREBY CERTIFY, That I attended deceased from
	Month (Month) (Day (Year)	that I last saw have allve on the same 1915.
	byrs D mos 24 ds. OR min.?	and that death occurred on the date stated above, at 4 Q I m.  The CAUSE OF DEATH* was as follows?  Surfection of Survellor'd
(8	a) Trade, profession, or articular kind of work	
(b) bu: wh	b) General nature of industry, usiness, or establishment tn hich employed (or employer)	(Ouration) yrs mos da.
9 B	(State or country.) Tracking on C.	Contributory Secondary  (Duration) yrs mos ds
S	10 NAME OF Robert B. Sheef	(Signed) mathem of Terry, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18	*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIPAL.
Ad	13 BIRTHRIAGE MESTaperage OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place 10 the of death yrs, mos ds
14 -	(Informant) (Infor	Where was disease contracted, If not at piace of death?  Former or usual residence.
15 Fi	Hed Jame 10, 1315 David & Miller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  STATEMENT ADDRESS  ADDRESS
7	If more blanks are needed, address State Regist	trar, 6 E. Franklu, R., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perifonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," death), 29 ds.; "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

occurred in institution, ME instead d number.]
, 1915 (Year)
₩,7 · Qm.
os. ds.
os ds. , M. O. VIOLENT BEENTAL,  RANSIENTS,  mos ds.
RIAL, 191.2



[Approved by U. S. Census and American Public Health
Association.]

write None. ness of various pursuits can be known. The question state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Caak, employed, as At school or who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day luborer, Farm luborer, Laborer mill; (a) Salesman, (b) Grasery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part 'At home. Care should be Never return "Laborer, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchapneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or miscarriage as "Puerperal schicharmio," gcnital," "Semile," etc.), "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of ..... to determine definitely. Examples: Accidental drowning; cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shoek," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Col-"Exhanstion," ("Con-



1 PLACE OF DEATH 9825	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
\.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Dist. No. 20 L
Village or City Nagy Stown (No. 50, E	Ward) [If death occurred in a hospital or institution,
FULL NAME CLUBED BOWA	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Wale with (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h the alive on fine 14 191 J
7 AGE It LESS than	and that death occurred on the date stated above, at 8:0200 m,
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION TO A	
(a) Trade, protession, or particular kind of work	Hy Reselvo phy of Heart
(b) General nature of Industry, business, or establishment in	(Duration) 3 yrs 6 mos ds
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Cardiae Espendhers
- VI (CAVIALIA)	Secondary (Duration) yrs mos ds
10 NAME OF FATHER ASAL DISSIPANCIA	(Signed) AD Placeffer , M. D.
O 11 BIRTHPLACE OF FATHER	Jene 14, 191 J. (Address) / Lagus from my
11 BIRTHPLACE OF FATHER (State or country)  12 Main Monther OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of Mother avan Doward	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSITATE
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
Man allina and a second	if not at place of death?
(Informant)	usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 6/15, 1913 Henry Dairs	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	The state of the s



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the disease should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicidc. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



2	RECORD	PHYSICIANS should state	Villa
V. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.	Filed.

County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH 2 Registration Dist. No. 202
VIIIage or City Western Pille (No. War. 2FULL NAME Dar i J. Sur	Hagerstown St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Winter Stringle, Married, Widower, Willower, Oronvorger (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17)  1 HEREEY CERTIFY, That I attended deceased from
* DATE OF BIRTH  Max 7  (Month) (Day (Year)	that I last saw haus allve on Jame 8 ,1915
BOCCUPATION  It LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Coma Secondary  (Duration) yrs mos ds.  (Duration) yrs mos ds.
OF FATHER STATE OF FATHER (State or Country)  12 MAIDEN NAME OF OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OT MOTHER OTHER OTHE	(Signed) (Address) (No. 0.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental, outcload, or Homicipal.
13 BIRTHPLACE OF MOTHER (State or country)  14	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds. Stateyrs,mosds  Where was disease contracted,
(Informant) My Danes Surors	If not at place of death?————————————————————————————————————
Filed 6/0, 191.3 Herry Davis REGISTRAR	19 FLACE OF BURIAL OR REMOVAL  LANGUAGE  20 UNDERVAKER  APDRESS  APDRESS  APDRESS  APDRESS
If more blanks are needed, address State Regist	rat, 6 E. Franklin St, Palto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Contributory." ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the The contributory (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

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County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 0
Village of the Watilda Yay	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Amil (Day) , 1846 Wear)	Hay 5, 1915, to June 4, 1915,
7 AGE   If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2 1, m. The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Manyl and	Contributory Ala plany contributes  Ly condition of Strengs  (Burston) yes 6 mos. ds.  Contributory Ala plany contributes  Ly condition of Strengs  (Burston) yes mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  14 BIRTHPLACE OF MOTHER  15 BIRTHPLACE OF MOTHER  16 CONTROL OF MOTHER	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani)  (Informani)  (Informani)	of death yrs. mos. ds. State, yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence
15 Filed Jun 7/10 1915 G. Dickard REGISTRAR	Place of BURIAL OR REMOVAL  DATE OF BURIAL  PURIL 1915  20 UNDERTAKED  ADDRESS  ALLEN JURIS MARKET  ADDRESS  ALLEN JURIS MARKET  ALLEN JURIS MARKE
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Carc should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiof the second statement. business or industry, and therefore an additional line applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Wonien at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

mns," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonilis," etc. State cause for which surgical operation was undertaken. For VIOLENT BEATHS under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL birth or miscarriage cause. ctc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmenmonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Publicharmia," "Dropsy," Never report mere "Exhaustion," Whooping



No. 1.

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UPAT	VII	lage or City 8001	rebo	2V(N
PHYSIC of OCC		²FULL NAME.	Sar	2h El
		PERSONAL AND S	TATISTIC	AL PARTICUÍ
AGE should be stated EXACTLY.	35	emale Whit	RACE	MARRIED, WIDOWED, ORDIVORCED (Write the W
stated E	6 D	ATE OF BIRTH	6	2
P Pe	7 A	C.F.	(Month)	(Day
should be s y classified.		49 118	4	20 ds
0	(a pa	CCUPATION ) Trade, profession, or rticular kind of work	ruso	svife
supplie may b	bus	liness, or establishment in che employed (or employer)		
arefully su that it m certificate.		RTHPLACE (State or country)	suf	Just
so that		10 NAME OF FATHER	Ile 1	Dorla
uld b rms, back	PARENTS	11 BIRTHPLACE OF FATHER (State or country)	Tua	ryfai
ion sho plain te ions on	PARI	12 MAIDEN NAME OF MOTHER	lina	Beth.
nformation VTH in piali Instructions		OF MOTHER (State or country)	Mar	rl Ca
Item E OF tant.		(Interment) Farry	HE BEST	omac
B.—Every Iten CAUSE O important.	16 File	Address D. D. A.S.	Jas.	M.Si
ž .	-/			

PLACE OF DEATH

9827

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ord)

(Year)

If LESS than
1 day,....hrs.
OR.....min.?

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 305,

St.;----Ward) a ho

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

MEDICAL	GERTIFICATE	F DEATH	
16 DATE OF DEATH	0-	3 200	a .n. 5
© 0 0 0 districts approximate approximate the second survey of the secon	(Month)	(Dom	, 191.2
47 I MEDEN			
1 / I HERES	Y CERTIFY, That	I attended d	eceased fron
Sefet-2nd	91. 4, to Ju	u 222	1915
that I last saw her a	live on Jun	~ 14 <sup>7</sup>	,191.5
and that death occurred			
The CAUSE OF DEATH*		2 20010, 202	
•••••		000000000000000000000000000000000000000	•••••
aluce	· c) Ute	rue	*********************
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## <sup>0</sup> # <sup>0</sup> # # # # # # # # # # # # # # # # # # #	(Duration)	yrs	ds
Contributory			
**************************************	(Duration)	yrs	.mosds
(Signed). So	Swit	to	
(Signer)			М. О
June 23 , 191.5 (	Address) / Sov	noboro	ma
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI			
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS	, INSTITUTIONS	TRANSIENTS
OR RECENT RESIDENTS)	in the		-
of death yrsmos.		yrs,	mos de
Where was disease contracted, it not at place of death?		7.0,	till Co , are necessar CO
Former or	**************************************		
usual residence		-	
19 PLACE OF BURIAL OF	REMOVAL.	PATE OF E	RURIAL
Spara has a li	1	//	721

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head



RECORD

PERMANENT

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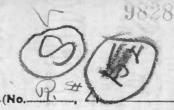
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

#### PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

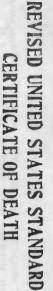
Registration Dist. No

2FULL NAME Still Buth	St.; Ward)  St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule White (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH June 21, 1915	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 It LESS than 1 day, hrs.  1 OR min, ?	and that death occurred on the date atated above, atm The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory hal Russian Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) Fuedous & Solution of Mother  12 Maiden Name OF Mother	(Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  16 Length of Residence (for Hospitals, Institutions, Transients
13 BIRTHPLACE OF MOTHER (State or country) Burbly Co, W, Va,  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Diclinary	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence for Burial or Removal Date of Burial

REGISTRAR

If more blanks are needed, address State Register, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ARRESS



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapsc," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of ......... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. Ex-The contributory Always qualify all diseases resulting from (Recommendations ou statement of (secondary or intercurrent) State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU,V.S.

SICIANS should OCCUPATION IS PHYSICIANS RECORD 10 PERMANENT Exac classified. properly AGE may that 80 of back terms, LO plain instructions information 2 DEATH Every Item CAUSE OF Important. S

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1915 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I sttended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, st 1 day hrs. The CAUSE OF DEATH\* was sa follows: mos.....ds. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employar) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or countr \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_mos. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Tuerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," ampie: Meastes (disease eausing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminai conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocte., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from (seeondary or intercurrent) State cause for



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	STATE OF MARYLAND
county Washington	CERTIFICATE OF DEATH
	Registration Dist. No. 202
Village or City Hagershown (No.	St.; 5 Ward) [if death occurred in a hospital or institution, give its NAME instead
2 FULL NAME UNKNOWN	Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED LUNCH.	Town (Month) (Day) (Year)
6 DATE OF BIRTH  MOT Russer, 1	Aud Daw Mules only 191
7 AGE (Month) (Day) (Year) 1 day, hrs.	of a hour thinknown
Wyr Cutys Vuls. OR min.?	The CAUST OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Oparticular kind of work	
(b) General nature of industry	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
	- In March
9 BIRTHPLACE (State or country)	Contributory Sauce a Drub
9 BIRTHPLACE (State or country)  10 NAME OF	Secondary Williams Carolled de.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  ()	(Signad) Secondary Williams Ground da, (Signad) May Epoplary , M. O.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  22 U	(Signad) (Addrass) May Land M. O.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  ()	(Signad)  *State the DISEASE CAUSINO DEATH, OF, in deaths from VINENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCURANAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 (State or country)  15 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSINO DEATH, OF, in deaths from VIDNENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. da. Where was disease contracted,
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	Secondary  Secondary  (Signed)  *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidingly, Suicidal or Homicidal.  *Suicidal or Homicidal.  *State Home Homicidal.  *IS LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. da.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIDENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDINALL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. da. Where was disease contracted, if not at place of death?



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomolive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, Struck by railway train—accident; Revolver surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichurmia," mus," "Old Age," "Shoek," "Uracinia," "Weakness," genital," "Anaemia" (inerely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (seeondary), 10 ds. Never report mer symptoms or terminal eonditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or interestrcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which Never report mere "Exhaustion, mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUXED

BUREAUX.S.

PLACE OF DEATH  Gounty Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hagerslown (No273, -	Polomae st.; 2 Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Aale While Single, Maries  While Single, Maries  Markied, Maries  Montes  Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17. I HEREBY CERTIFY, That I attended deceased from
TAGE (-3-0) (Month) (Day (Year) 1 tags	that I last saw him elies on June. 1915, and that desth occurred on the date stated above, at 2130 Qm.  The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, protession, or particular kind of work  (b) General nature of Industry, business, or establishment in	acule Gastritis (alesholic)
which employed (or employer)  BIRTHPLACE (State or country)  Manulaus	Contributory Secondary  (Duration)  yrs  mos  Zds
10 NAME OF FATHER Dicholas A. Whaleue  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Si
of Mother Cachael moulding  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds.  Where was disease contracted.
(Informant) My amin Whalen	It not at place of death?————————————————————————————————————
Filed 6-2-, 1915 Heiny Davis	Nagerslows, Well June 3 - 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canlnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (secondary or intercurrent)



FOR

1 .11 0 . 1	2000	V	ah I a	EDTIFICATE	OF DEATH
County Washington		(	401 6	ERTIFICATE	OF DEATH
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el a eta	21	11	10.000	5-14	Fif death occurred in
Village er City Augustu	M. (Ne. Te	Milan, Salla	Thurself	St.; Ward)	a hospital or institution,
	0.01				give Its NAME Instead of street and number.]
2 FULL NAME 40/07	w 6. 41	ung	•••••••••••••••••••••••••••••••••••••••		
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3 SEX 4 COLOR OR RACE 5	SINGLE,	arried.	16 DATE OF DEATH	Chause	- 18- 1016-
The wife	MARRIED, WIDOWED OR DIVORCED (Write the word)	unica	**************************************	(Mont)	(Day) (Year)
Emale white	(Write the word)				attended deceased from
6 DATE OF BIRTH	٠, -,			, 1915 to fr	un 18 - , 1915 -,
- Jul	ly 25	(Year)	that I last saw h	Con Vas	
7 AGE	h)/ (Day)	If LESS than	:4 22	in ale cut he	stated above, at 6 am.
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55 yrs / 0 m	nos. 23 ds.	OR min.?	The CAUSE OF, DE	AIH 4- Was as ton	iows:
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(a) Trade, profession, or House	Endered	8	Julmono	J. J	noge
(b) General nature of industry			***************************************	************************	***************************************
business, or establishment in which employed (or employer)	· · · · · · · · · · · · · · · · · · ·			7 (Ouration	) yrs mos ds.
9 BIRTHPLACE			Contributory &	uberculasis	7 dereg -
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(State er country)	m		CAUSES, state (1)	Means of Injury; ar	or, in deaths from VIOLENT and (2) whether Accidental,
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of MOTHER (State or country)	27-5	,	At place of death yrs.	mos. ds. S	tate,yrsmos ds.
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i el i en	in the		Former or	*	,
(Informant) All Sugar	1.		usuel residence		
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15 By 19th 5 21	hours ?	Davis)	Hork 20 INDERTAKER	Pa	ADDRESS
The same of the sa	Serry ?	Davis, REGISTRAR	Jork 20 INDERTAKER Tracks	Pa	//

STATE OF MARYLAND

0229

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -- Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Rarm laborer, Laborer of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Forenian," "Manager," "Dealer," etc., without more mobile factory. especially in industrial employments, it is necessary to applies to each and every person, irrespective of age business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. Never report mere on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which "Heart failure," "H:emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL, wound of

